



Disability Rights Connecticut
"Connecticut's protection and advocacy system"

**846 Wethersfield Avenue
Hartford, CT 06114**

March 7, 2022

**Re: Testimony before the Public Health Committee Regarding HB 5277
(AN ACT CONCERNING THE ESTABLISHMENT OF TECHNICAL STANDARDS FOR
MEDICAL DIAGNOSTIC EQUIPMENT THAT PROMOTES
ACCESSIBILITY IN HEALTH CARE FACILITIES)**

Good afternoon, Senator Daugherty Abrams, Rep. Steinberg and distinguished members of the Public Health Committee:

My name is Sheldon Toubman and I am the Litigation Attorney at Disability Rights CT. We are the Protection and Advocacy System for CT, serving individuals with a full range of physical, behavioral, intellectual and developmental disabilities. I am here to testify about the impact of HB 5277 on people with mobility disabilities.

First, I note that, as a person without a mobility disability and who does not use a wheelchair, I have never encountered a situation where I could not be weighed or where my provider resisted providing or recommending a diagnostic test simply because of lack of accessible diagnostic medical equipment. But this is the reality for many of our clients with these kinds of disabilities—some adults with a mobility disability report that they have never been weighed, and it is routine that they describe problems getting access to recommended diagnostic tests despite having insurance which covers these. You will hear some of those stories today.

Second, overall, people with mobility disabilities have a significantly greater need for medical care and thus diagnostic services. This means that a group of people who most need these services also are least likely to actually get them.

Third, Title II of the Americans with Disabilities Act (ADA), which applies to public hospitals, and Title III of the ADA which applies to private hospitals and clinics, already require that these facilities make reasonable modifications to their facilities, services, policies, and equipment if necessary for people with disabilities

to receive the same level of services as someone without a disability receives, unless the modification would constitute a fundamental alteration or an undue burden. These requirements apply to people with mobility disabilities.

Fourth, though these requirements fully apply and have for years, they are routinely ignored: well-resourced health providers resist obtaining the accessible diagnostic equipment which is commercially available and would allow for such access, despite demands for such by advocates for people with disabilities. Indeed, a recent study found that **most** physicians do not use accessible equipment for routine care of patients with significant mobility limitations.¹

This bill would require the adoption of regulations by DPH, putting into law what the federal Architectural and Transportation Barriers Compliance Board Access Board produced in 2017, after years of careful study, mandated by the Affordable Care Act, of what equipment was needed to address the accessibility needs of individuals with mobility impairments. Specifically, the bill requires that those regulations include technical standards which meet or exceed the Access Board's standards.

If this requirement were to be adopted, the inaccessible diagnostic medical equipment which routinely serves as a barrier will begin to be replaced, allowing the tens of thousands of people with mobility disabilities access to appropriate care, instead of the second class care they have been receiving in violation of the ADA.

Finally, I note that it has been suggested that it is not feasible for our state to adopt regulations implementing the Access Board's standards just because they have not yet been enforced by any federal agency. There is no such obstacle. It is not unusual for the state legislature to adopt with the force of law recommended standards adopted by respected national authorities in various technical areas.

Thank you for the opportunity to speak with you today.

¹ Iezzoni, L. I., Rao, S. R., Ressler, J., Bolcic-Jankovic, D., Donelan, K., Agaronnik, N., ... & Campbell, E. G. (2021). Use of accessible weight scales and examination tables/chairs for patients with significant mobility limitations by physicians nationwide. *The Joint Commission Journal on Quality and Patient Safety*, 47(10), 615- 626.